

	<h2 style="margin: 0;">NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT</h2> <p style="margin: 5px 0 0 0;">Entered data must meet 28 CFR Part 23 guidelines.</p> <div style="border: 1px solid black; padding: 2px; margin: 2px 0;">EER Incident #</div> <div style="border: 1px solid black; padding: 2px; margin: 2px 0;">Processing Record #</div>				<b>TYPE OF REPORT*</b>  <input type="checkbox"/> Lab Seizure  <input type="checkbox"/> Chem/Glassware/Equip Seizure  <input type="checkbox"/> Dumpsite Seizure	
	<b>I Reporting Office (An asterick symbol (*) indicates a mandatory field)</b>					
	Seizure Date* MMDDYYYY	Agency*	ORI*	Agency City*	Agency State*	Case or File Number*
	Case or File Title		Reporting Officer Name*(First,Last)		Telephone Number*	COPS Number
<b>II Seizure Location* (Check one - put additional information in Remarks Section)</b>						
<input type="checkbox"/> Apartment/Condo	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Family Dwelling	<input type="checkbox"/> Storage Locker	<input type="checkbox"/> Business		
<input type="checkbox"/> Outbuilding	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Dumpster	<input type="checkbox"/> Open - No Structure	<input type="checkbox"/> Other-Describe:		
<b>III Seizure Neighborhood (Check most appropriate)</b>						
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Rural		<input type="checkbox"/> Suburban		
<input type="checkbox"/> Public Land - Name:				<input type="checkbox"/> Urban		
<b>IV Estimated Lab Capacity (Based on seized chemicals, glassware and equipment on site) (Mandatory if lab seizure is checked)</b>						
<input type="checkbox"/> Under 2 Oz	<input type="checkbox"/> 2 - 8 Oz	<input type="checkbox"/> 9 Oz - 1 Lb.	<input type="checkbox"/> 2-9 Lbs.	<input type="checkbox"/> 10-19 Lbs.	<input type="checkbox"/> 20 Lbs. Or Greater	
<b>V Laboratory Status (Check all that apply) (Mandatory if lab seizure is checked)</b>						
<input type="checkbox"/> Operational - <u>Not</u> in Production		<input type="checkbox"/> Abandoned		<input type="checkbox"/> Explosion / Fire		
<input type="checkbox"/> Operational - In Production		<input type="checkbox"/> Boxed / Dismantled		<input type="checkbox"/> Other - Describe:		
<b>VI Lab Manufacturing Process (Check ONLY one)</b>						
<input type="checkbox"/> Ephedrine / Red "P"/Hydriodic Acid Reduction and/or Iodine Reduction		<input type="checkbox"/> Ephedrine / Lithium, Sodium or Potassium/ Anhydrous Ammonia (Nazi/Birch)		<input type="checkbox"/> Ephedrine Tablet Extraction		
<input type="checkbox"/> Pseudoephedrine / Red "P"/Hydriodic Acid and/or Iodine Reduction		<input type="checkbox"/> Pseudoephedrine / Lithium, Sodium or Potassium/ Anhydrous Ammonia (Nazi/Birch)		<input type="checkbox"/> Pseudoephedrine Tablet Extraction		
<input type="checkbox"/> P2P/Methylamine		<input type="checkbox"/> Hydriodic Acid Manufacturing		<input type="checkbox"/> Other Describe:		
<input type="checkbox"/> Hydrogenation		<input type="checkbox"/> Anhydrous Ammonia Manufacturing				
<b>VII Laboratory Type (Check all that apply)</b>						
<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Tablet Extraction	<input type="checkbox"/> Anhydrous Ammonia	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> PCP		
<input type="checkbox"/> Hydriodic Acid	<input type="checkbox"/> GHB	<input type="checkbox"/> MDMA	<input type="checkbox"/> Methcathinone			
<input type="checkbox"/> Other - Describe:						
<b>VIII Seizure/Laboratory Address</b>						
Street #	Dir. (E,S, etc.)	Street Name	Suffix (St, Ave, etc.)	Unit # (Apt...)	PO Box #	
City	County*	State*	Zip Code	Latitude/Longitude		
<b>IX Chemist and Clean-up Personnel</b>						
Chemist on Site:		Hazmat Contractor Utilized		Name of Hazmat Contractor:		
<input type="checkbox"/> a. State/Local	<input type="checkbox"/> b. DEA	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>X Persons Affected (Children are mandatory - indicate 0 when none were affected) (Check all that apply and indicate number)</b>						
Total Children Affected (#)	Child Injured (#)	Child Killed (#)	Law Enforcement Injured (#)			
Law Enforcement Killed (#)	Suspects Injured (#)	Suspects Killed (#)				
<b>XI Weapons/Explosives Seized (Check all that apply and continue in Remarks Section)</b>						
Type	Quantity	Make	Model	Caliber	Serial #	
<input type="checkbox"/> Assault Rifle						
<input type="checkbox"/> Handgun						
<input type="checkbox"/> Rifle						
<input type="checkbox"/> Shotgun						
Booby Trap - Describe:						
Other - Describe: (Include any explosives seized)						